

# STATE REGULATION OF PUBLIC UTILITIES REVIEW COMMITTEE

## CANDIDATES FOR THE SOUTH CAROLINA PUBLIC SERVICE COMMISSION PERSONAL DATA QUESTIONNAIRE

**NOTICE:** The information requested herein is needed to assist the Committee in its investigation of candidates for the Public Service Commission. This questionnaire is the initial step in the investigation of your candidacy. A completed questionnaire should be returned to the Committee as soon as possible, but in any event no later than 5:00 p.m. on February 8, 2010. (Use and attach separate sheets, if necessary.)

**PLEASE SPECIFY THE SEAT FOR WHICH YOU ARE APPLYING (THE CONGRESSIONAL DISTRICT IN WHICH YOU RESIDE):** 6TH

1. Full Name: Ms. KIMBERLY EILEEN GREENE

Home Address: 22 PEACHTREE STREET  
CHARLESTON, SC 29403

2. Date of Birth: 1963

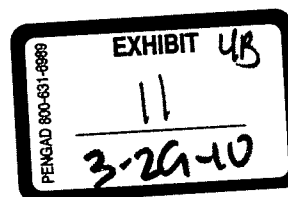
Place of Birth: TACOMA, WASHINGTON

6. List each institution of higher learning you attended, including dates of attendance and degrees awarded. Please provide an official transcript no later than the date of your screening hearing. If you left any institution without receiving a degree, state the reason for leaving.

- COLUMBIA COLLEGE 1981 – 1986, BACHELOR OF ARTS DEGREE
- WEBSTER UNIVERSITY SCHOOL OF BUSINESS AND TECHNOLOGY  
2007 -2009 MASTER OF ARTS

8. Have you been employed or held any position in any of the following areas?

- ☐ (a) energy issues  
☐ (b) telecommunications issues  
☐ (c) consumer protection and advocacy issues  
☐ (d) water and wastewater issues  
☒ YES (e) finance, economics, and statistics  
☐ (f) accounting  
☐ (g) engineering



\_\_\_\_\_ (h) law

Please provide the duration of your employment or service and details about the nature of the work or the position.

SELF-EMPLOYED AS A PERSONAL FINANCIAL ANALYST;  
1996 SOUTH CAROLINA LICENSED INDEPENDENT INSURANCE AGENT  
LIFE, ACCIDENT & HEALTH; PROPERTY & CASUALTY

12. Please list in chronological order any employment of you by any governmental agency (whether full time or part time, contractual or at will, consulting or otherwise). Provide dates of employment, name of employer, name of supervisor, and major job responsibilities.

1991-1993 Charleston County Department of Social Services-Adult Medicaid; screen, evaluate and provide casework services to consumer in accordance with federal and state laws; communicated state and federal policy and regulations.

1993-1995 MUSC-University-Institute of Psychiatry/Rosemary Ellis/Program liaison; facilitate continuum of care, monitor program budgets, participate in treatment planning and ensure compliance to legal, institution and privacy guidelines.

1995-2001 MUSC-University-Institute of Psychiatry/ Harriet Cooney/Process and track personnel issues of employees, coordinate staffing, participate in payroll, communicate effectively and decisively in the JCAHO accreditation process, supervise administrative support staff, administrative assistant for nurse manager.

13. Please list in chronological order any occupation, business, or profession in which you have been engaged or employed (other than serving in a public office or being employed by a governmental agency). Please briefly note the nature of your work during each period.

1987-1990 Southern Bell, Staff Assistant, supervise Customer Service representatives in a call center

2001-2006 Self employed, Personal Financial Analyst, licensed to provide insurance products; recruit and train insurance agents; actively manage a comprehensive sales and marketing campaign, monitor budgets, ensure compliance to state and federal laws and industry policies and procedures.

2006-2009 National Direct Home Pharmacy, Key Account Representative, Develop a network and maintain relationships with healthcare providers, staff and patients, identify and sell durable medical equipment to patients, facilitate the application process for providers, in-house staff and consumers, manage a Sales and Marketing satellite office.

14. Are you now an officer or director or involved in the management of any business enterprise? Explain. SOLE MEMBER GREEN DOOR MANAGEMENT, LLC  
Business consultant

33. List the names, addresses, and telephone numbers of five (5) persons, including your banker, from whom references could be required. Also, furnish this Committee with letters of recommendation from each person listed herein.

- 1) Mrs. Thuane B. Fielding
- 2) Mr. Timothy E. Davis
- 3) Mr. Mark A. Walker
- 4) Sen. Robert Ford

5) Mr. Doug Pinkerton

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE CONFIDENTIALITY OF ANY PROCEEDING BEFORE A GRIEVANCE COMMITTEE OR ANY RECORD INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature:

Date:

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***PLEASE NOTE: S.C. CODE SECTIONS REFERRED TO IN THIS DOCUMENT ARE ATTACHED***